

INTEGRATING PARADIGMS

by Justine Owens, Ph.D.

Justine E. Owens, Ph.D., has been engaged in psychological research since 1971 and performed doctoral research on human memory and lucid dreaming at Stanford University. A faculty member of the University of Virginia, Dr. Owens has researched over 500 cases of the near death experience (NDE) as the basis for a book in progress. She has been associated with The Monroe Institute® as a consultant since early 1994. In this paper, Dr. Owens addresses the challenges of rigorous investigation of ineffable experiences, such as those in the purview of Hemi-Sync®. Using the NDE as a model, she demonstrates that scientific research is both feasible and a crucial component of the developing cultural paradigm shift.

Studies of the near death experience (NDE) illustrate the challenges and also the impact of doing scientific research on complex inner experiences. The now familiar NDE feature list has stood the test of twenty years of research. The out-of-body experience, a distinctly felt shift in the passage of time, ineffability, strong feelings of serenity and other positive affects, unusual perceptual and cognitive clarity, compelled movement toward a bright but not harsh white light, and thoughts or conversation about returning, just prior to the end of the NDE, are all frequently reported in association with medical crises.

Our culture is enamored of separating digital, analytic, linear, scientific thinking from the analog, holistic, simultaneous, or primary process. This manifests as resistance to doing scientific research on something as ineffable as the NDE. As many have recognized, research on transcendent experiences demonstrates the power of the two modes interacting. Going beyond the dualistic view of human experiences—either you are an artist or you are a scientist and never the twain shall meet—is part of the current cultural evolution. The either/or mentality is often at the root of the dismissive biases which impede progress in consciousness studies.

The cultural bias to dismiss the liminal world experience can be heard in everyday phrases often repeated to children: “that’s just your imagination” and “it’s only a dream.” Being told “it’s all in your head” is said as if that meant “it” was nowhere, as if “it” didn’t really exist. The current fascination with virtual realities seems ironic because virtual reality can’t hold a candle to the imaginal spaces that people can enter on their own. NDEs and other transcendent experiences offer much more in terms of personal meaningfulness and transformative power. Perhaps virtual realities will be a bridge to a greater appreciation of inner realities. We are in the midst of a revolution focusing on the study of consciousness. This topic has actually moved into the mainstream, after being ignored for decades by the academic community. Recognizing the cultural biases that tend to dismiss inner worlds—and dismissing them in turn—can help to

defuse these attitudes and empower the role of inner experience in our culture. Conducting research which bridges this work to the mainstream traditions will also facilitate change. Documenting cases which are not easily explained in the current scientific worldview could play an important role in revisioning that worldview. Publication of research in this area is timely and can very much facilitate the developing cultural change.

Four Cultural Biases Dismissive of Inner Worlds

I became attuned to society's biases around the study of NDE through the pain of those who shared their experiences with me. NDEs can potentially transform lives and are often of the deepest meaning and significance. However, NDEs and other mystical experiences are discounted in several ways. Four prevalent beliefs underlying a dismissive attitude toward NDE's are:

1. You cannot do scientific research on subjective experience because it is not "really" real and cannot be measured.
2. Unless people reporting NDEs were clinically dead at the time, the experience wasn't real.
3. A good physiological model of the NDE provides the basis for dismissing its spiritual power or significance.
4. People reporting NDEs or other mystical occurrences, if not mentally ill, at least should not be taken as seriously as those with a firmer grip on reality.

Scientific subject matter has no rigid boundaries. However, resistance to work outside the mold of accepted thinking is typical. In the case of the mystical, one prevalent bias comes down to simplistic concepts of measurement. Just because a yardstick can't measure it, doesn't mean it can't be measured. Studies of psychophysical complementarity, which measure the physiology accompanying subjective experience, are one way to objectify inner worlds. This concept has been elegantly demonstrated in experimental studies of lucid dreaming. Execution and publication of these studies has changed views of consciousness during physiologically verified sleep, as well as what can be investigated scientifically. Quantifying the consistency of narrative structure—the pattern, order, and organization of human experience—can also objectify inner worlds. The remarkable consistency of NDE reports is an excellent example of a strong ordering principle at work in the inner life. Finally, psychological inventories, such as the Mental Absorption scale, measure individual differences in inner world engagement with demonstrated validity and reliability.

About half of those reporting NDEs were not clinically dead, by blind, independent rating of medical records. The media and most "skeptics" are naturally drawn to the cases with documented loss of vital signs because of the possibility of confirming disembodied consciousness. However, most physicians would say that if you return to life, you were never

dead, and most NDE researchers concur that NDEs do not constitute evidence for immortality. Unfortunately, emphasis on confirmed physical death places the significance of a large proportion of these experiences in question. It fuels the tendency to dismiss profound inner shifts unconnected with medical circumstances.

Using a neurophysiological explanation as a basis for dismissal parallels the loss of vital signs requirement. The reasoning is encapsulated in the rationale: If the brain is alive during the NDE, then the NDE must be the result of electrochemical changes in response to the trauma. Once these are understood, then the NDE will be explained away. Scientific explanation is used to undermine the numinosity of spiritual life, another manifestation of dualism.

Quotes from NDE reports illustrate the psychopathology bias:

- “At the time I mentioned my near death experience my doctor advised me to put it out of my mind and not tell anyone else about it. I believe he thought it would cause me to appear unbalanced.”
- “I spoke of this experience, which I always imagined to be just a bad dream while being anesthetized, to several medical people—psychiatrists. And I always got the same reaction. No comment, a polite change of subject, as though they thought I was some kind of dingbat and they were not going to dignify my hallucination with a comment.”

In clear contrast to this bias, research has shown that the NDE group is a representative sample of the normal population.

“Sonya Live,” a talk show on CNN, is one of many that have done shows on the NDE. The shows give greater attention to the NDEs, but the previously described biases are typically expressed. For example, Sonya asked Betty Eadie, author of a record-breaking best-seller about her NDE, “Would it make a difference if this was your personal experience, something that you created, something that you experienced within, as opposed to something that actually happened?”

Betty Eadie stated emphatically, “I know I died. I know I died clinically, I know that I died in that I was told I had died.”

Eadie minimized the experience of John, another guest, as “more of an out-of-body rather than an actual death.” It was implied that what happened to him was less significant for that reason. The complete remission of John’s pancreatic and liver cancer seemed to restore some validity in the eyes of the interviewer. However, John stressed that his life change “really boils down to that I was able to live in the moment. Before the experience I was focused on the future. After the experience the moment was very important. How to live life completely with the gift I was given, for the moment I was given, is where I have been ever since.”

Mental Absorption and the NDE

Several NDE studies indicate that persons who report NDEs score high in Mental Absorption, which is a normal dimension of the human personality. Mental absorption is defined as: “the disposition for having episodes of total attention that fully engage one’s representational (that is, perceptual, active, imaginative, and ideational) resources. This kind of attentional functioning is believed to result in a heightened state of the reality of the attentional object, imperviousness to distracting events and an altered sense of reality in general, including an emphatically altered sense of self” (Tellegen). You might say that those scoring high on the Mental Absorption scale are virtual reality generators par excellence with the ability to create and sustain extremely absorbing inner worlds. The scale is one way to measure variations in that capacity.

Delving further into the relationship between NDEs, nearness to death, and Mental Absorption, the pattern becomes even more interesting. In a high proportion of surgery and accident cases, death is not deemed imminent and there is no loss of vital signs. Cardiac cases, on the other hand, have a high proportion of loss or near loss of vital signs. Surgery and accident Mental Absorption scores tend to be above the norm, whereas in the cardiac cases average scores fall below the norm. Therefore, Mental Absorption capacity may play a stronger role in NDEs without a loss of vital signs.

The Importance of Documenting Unusual Cases

Enhanced psychic ability is a fairly frequent report associated with NDEs, although many of the reports are weak in objective evidence. In one unusual case, a woman had a medical crisis in the middle of the night. Her family and her minister were called to the bedside. She was in Virginia, and simultaneously in North Carolina an automobile accident took place in which a cousin of her grandchild was killed. The woman had a classic NDE and in the midst of it, a vision of an accident. She told her family of her vision and they thought she was delirious until they later found out that the family member had been killed, at the same time as her medical crisis, in an accident as she had described.

This was a relatively rare coincidence of an actual, verifiable tragedy many miles away that coincided with an NDE. Similarly, John’s remission from pancreatic and liver cancer is a very rare medical event, which he attributes to his NDEs. It is important to document cases such as these. Good research and documentation in sufficient numbers would help to change the biases that work to discount such reports. The cumulative effect is a powerful opportunity for personal and cultural transformation.

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